



FORM 201 N

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF CHARITABLE GAMING**

101 N. 14th Street, 17th Floor, James Monroe Building, Richmond, VA 23219-3684
(804) 786-1681
www.dcg.virginia.gov

CHARITABLE GAMING PERMIT APPLICATION - NEW APPLICANTS ONLY

General Instructions

- A. Use this application when applying for an initial Charitable Gaming Permit, or when an organization's permit has expired.
- B. Complete the entire application and all attachments. **DO NOT LEAVE ANY BLANKS.**
- C. Place "N/A" if item is not applicable.
- D. If needed, attach additional documents or explanation sheets.
- E. Ensure application is dated and signed by the appropriate individual(s).
- F. Enclose a non-refundable \$200 application fee payable to: **Treasurer of Virginia**. Volunteer Fire Departments or Rescue Squads or Auxiliary units thereof who have been recognized by their locality in accordance with Section 15.2-955 of the Code of Virginia, and who can provide a copy of the ordinance or resolution of the locality, are exempt from the application fee.
- G. Retain a copy for your records.
- H. Mail completed application, applicable fee, and all required attachments to: Department of Charitable Gaming, 101 N. 14th Street, 17th Floor, James Monroe Building, Richmond, Virginia 23219.
- I. Allow 45 days for processing a **COMPLETE** application. Incomplete applications and/or the omission of applicable attachments may delay the process.

ORGANIZATION INFORMATION

- 1. Organization's Federal Tax Payer Identification No. _____ *DCG USE ONLY* _____
- 2. Organization's Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____ Telephone: _____
Email Address: _____ Web Page: _____
- 3. Organization's Physical Location: _____
City: _____ Zip Code: _____ Telephone: _____
Contact Person: _____ Title: _____
Contact Person's Daytime Phone No.: _____ Fax No.: _____
Email Address: _____
- 4. Jurisdiction where the organization regularly meets? _____ County: _____ City: _____

ORGANIZATION INFORMATION

<p>5. Has the organization been in existence and met on a regular basis in the Commonwealth for at least three years?</p>	<p><i>If no, please provide explain on a separate page.</i></p>	<p>Yes</p>	<p>No</p>								
<p>6. Total No. of Members: _____</p> <p>Total No. of Virginia Residents: _____</p> <p>Provide a complete list of members who work in the management and operation of charitable gaming activities, including name, address, and membership date.</p>	<p><i>List attached?</i></p>	<p>Yes</p>	<p>No</p>								
<p>7. Provide a signed and dated copy of the organization's Articles of Incorporation, By-Laws, Charter, Constitution, and all other organizing documents.</p>	<p><i>Copy attached?</i></p>	<p>Yes</p>	<p>No</p>								
<p>8. Provide the month, date and year the organization was formed. _____</p> <p style="text-align: right;">Month/Date/Year</p>											
<p>9. Type of Tax Exempt Status Obtained from the IRS (Please " x " Appropriate Box):</p>	<table border="1" style="margin: auto;"> <tr> <td style="width: 50px; height: 30px;"></td> <td style="width: 50px; height: 30px;"></td> <td style="width: 50px; height: 30px;"></td> <td style="width: 50px; height: 30px;"></td> <td style="width: 50px; height: 30px;"></td> </tr> </table>						<p><i>Other (Explain)</i></p>				
<p>501(c) 3 501(c) 4 501(c) 8 501(c) 10 501(c) 19</p>											
<p>10. Type of Organization (Please " X " Appropriate Box)</p>	<table border="1" style="margin: auto;"> <tr> <td style="width: 50px; height: 30px;"></td> <td style="width: 50px; height: 30px;"></td> <td style="width: 50px; height: 30px;"></td> <td style="width: 50px; height: 30px;"></td> <td style="width: 50px; height: 30px;"></td> <td style="width: 50px; height: 30px;"></td> </tr> </table>							<p>Veterans Religious Charitable Community Fraternal Educational</p>			
<p>Other - Explain: _____</p>											
<p>11. Date Internal Revenue Service Tax Exempt Status obtained. _____</p> <p style="text-align: right;">Month/Date/Year</p>											
<p>12. ALL APPLICANTS - Provide a copy of the Internal Revenue Service Determination Letter that supports and relates to the organization's 501(c) tax exempt status.</p>	<p><i>Copy Attached?</i></p>	<p>Yes</p>	<p>No</p>								
<p>13. If the organization answered No to Item No. 12, please provide a complete copy of the Internal Revenue Service application for a tax exempt status, including all attachments. Please include confirmation from IRS of receipt and that application is currently under review.</p>	<p><i>Copy Attached?</i></p>	<p>Yes</p>	<p>No</p>								
<p>14. In the last three years, has the organization had a 501(c) status with the Internal Revenue Service revoked or suspended?</p>	<p><i>If yes, please explain on a separate page.</i></p>	<p>Yes</p>	<p>No</p>								
<p>15. Is the organization in compliance with Federal and State law relative to the filing, in the last three tax years, of mandated Federal and State tax returns (i.e., 990, 990EZ, 990T, 990PF, etc.)?</p>	<p><i>If no, please explain on a separate page.</i></p>	<p>Yes</p>	<p>No</p>								

ORGANIZATION INFORMATION

16. Attach a copy of the organization's most recent signed, dated, and filed Internal Revenue Service Tax Form 990, including, but not limited to: Form 990, 990EZ, 990 PF, 990T, or applicable tax return. Submit the tax return that is officially on file with the IRS that bears the date and signature on file with the IRS.

Copy attached? Yes ☐ No ☐

If No, please provide the most recent Financial Statements prepared for the organization, including, but not limited to, balance sheet, income and expenditure statement, etc., and provide an explanation as to why the organization has not filed any of the IRS Forms designated above.

Copy attached? Yes ☐ No ☐

17. If your organization is a part of or related to a national office of an organization (*See* Section 18.2-340.24.A.1.(i.), Code of Virginia, 1950, as amended), please provide a letter of good standing from the national organization which indicates that your organization is currently covered by the group exempt ruling. *If the national and/or state office has provided this information to the Department for the current year, please select N/A (not applicable).*

Copy attached? Yes ☐ N/A ☐

Not Part of a National Organization ☐

18. Is your organization recognized as a corporation or a form of limited liability company, as defined by the Code of Virginia, and authorized to do business in Virginia?

Yes ☐ No ☐

If you answered Yes to Item No. 18, is the name as registered at the Virginia State Corporation the same as provided under Item No. 2 of this application? If No, please print registration name below.

Yes ☐ No ☐

19. If you answered Yes to Item No. 18, is your organization in good standing with the Virginia State Corporation Commission?

If No, please explain on a separate page. Yes ☐ No ☐

20. Is the organization registered and in good standing with the Virginia Department of Agriculture and Consumer Services to solicit charitable contributions in Virginia?

Yes ☐ No ☐

If you answered Yes to Item No. 20, is the name as registered at the Virginia Department of Agriculture and Consumer Services the same as provided under Item No. 2 of this application? If No, please print registration name below.

Yes ☐ No ☐

21. Has any person who participates in the management or operation of any charitable gaming activity (1) **ever** been convicted of a felony, (2) convicted of any misdemeanor involving fraud, theft or financial crimes within the preceding five years of this application, or (3) participated in the management, operation or conduct of any charitable game which was found by the Department or a court of competent jurisdiction to have been operated in violation of state law, local ordinance, or Board regulation within the last five years?

If Yes, please provide name, address, and detailed specifics on a separate page.

Yes ☐ No ☐

ORGANIZATION INFORMATION

22. Has any person who participates in the conduct of any charitable gaming activity been (1) convicted of a felony within the preceding ten years, (2) convicted of any misdemeanor involving fraud, theft or financial crimes within the preceding five years of this application, or (3) participated in the management, operation or conduct of any charitable game which was found by the Department or a court of competent jurisdiction to have been operated in violation of state law, local ordinance, or Board regulation within the last five years?

If Yes, please provide name, address, and detailed specifics on a separate page.

Yes _____ No _____

23. Is any officer, director, game manager, member, or any member who volunteers in the conduct, operation, or management of charitable gaming activities related to a registered supplier, supplier's agent, employee, member of the supplier's immediate family or person residing in the same household who offers, provides, or sells gaming products to your organization?

If Yes, please explain and provide specifics on a separate page.

Yes _____ No _____

CHARITABLE GAMING ACTIVITIES

24. List the location(s), day(s), date(s) and time(s) the charitable gaming activity(s) will be held: Please complete the information for each bingo session or raffle. Make as many copies as needed.

Building Name (Where Charitable Gaming Activities Will Be Held): _____

Physical Address: _____

City/Town: _____ County: _____ State: _____ Zip: _____

Official Jurisdiction (County of/City of): _____

Type of Gaming Activity (Select One): _____ Bingo Only _____ Bingo/Raffle _____ Raffle Only

Doors Open at Facility _____ am/pm Doors Close at Facility _____ am/pm

Begin Game Time _____ am/pm End Game Time _____ am/pm

Maximum Occupancy: _____ Total Square Footage Utilized _____

Facility Lease Amount Per Session _____ Equipment Lease Per Session _____

Has the organization identified any and all payments and/or consideration paid to the landlord? If No, please provide a detailed explanation on a separate page.

Yes _____ No _____

25. **FOR ALL CHARITABLE GAMING ACTIVITIES:** (If more space is needed or your organization utilizes additional facilities, provide the same information relative to the additional facility on a separate page and attach.)

a. Who owns and has title to the facility where the charitable gaming activities will occur. Check one. _____ Organization _____ Landlord

Other - Explain: _____

If the applicant organization does not own and have title to the facility, attach a copy of the current lease that authorizes the organization to use the facility in the conduct of charitable gaming activities, including bingo and raffle(s).

Lease attached? Yes _____ No _____

CHARITABLE GAMING ACTIVITIES

- b. Is the equipment used to conduct the charitable gaming activities owned or leased by the applicant organization?

Owned _____

Leased _____

- c. Landlord's Full Name: _____

Landlord Address: _____

City: _____

State: _____

Zip Code: _____

Contact Person: _____

Telephone: _____

- d. Name of Facility: _____

Facility Manager: _____

Facility Telephone: _____

Facility Fax: _____

26. Are the premises used by more than one organization for the purpose of conducting charitable gaming activities?

Yes _____

No _____

27. **For Raffle Applications Only** - Will the raffle event be held in conjunction with a casino or Las Vegas night?

Yes _____

No _____

Please complete for each scheduled raffle.

- a. What date does the organization plan to begin raffle ticket sales? _____

Month/Date/Year

Tickets cannot be sold until receipt of a valid charitable gaming permit.

Raffle drawing date and time of drawing. _____

- b. What prizes are to be given away? Were they purchased or donated?

Use on additional page if necessary.

Prize _____	Purchased _____	Donated _____
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Prize _____	Purchased _____	Donated _____
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Prize _____	Purchased _____	Donated _____
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- c. What is the total purchase price per ticket? Attach a copy of each sample raffle ticket. See 11 VAC 15-22-70.C. for required information.

Copy attached? _____

Yes _____

No _____

- d. What is the total number of raffle tickets to be printed? _____

- e. Will volunteers/members who sell raffle tickets be allowed to buy raffle tickets? If yes, please provide a detailed explanation.

Yes _____

No _____

CHARITABLE GAMING ACTIVITIES

- f. Provide a narrative detailing how the raffle will be conducted; Scope (a) house rules, (b) alternatives if not enough tickets are sold; Sales procedures to control sales, money and unsold tickets; Drawing: (a) *Narrative attached?* location, (b) date, (c) time, (d) name of drawer.

Yes _____ No _____

28. Are all raffle tickets scheduled to be sold in the Commonwealth of Virginia? If no, please provide an explanation of how raffle sales will be conducted if they are not sold in Virginia.

Yes _____ No _____

29. Full name of person responsible for filing financial reports.

First

Middle

Last

Is this person authorized to submit reports electronically?

Yes _____ No _____

Relationship to Organization: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Email Address: _____ Fax: _____

30. Where are the financial records stored?

Organization: _____ Other: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Contact Person Full Name: _____ Fax: _____

31. Please list the name of any and all individuals and/or registered suppliers who have sold gaming supplies to your organization during the last 12 months, or from whom the organization anticipates obtaining charitable gaming supplies. Use additional sheet if necessary.

Have all suppliers of gaming products utilized by your organization been identified?

Yes _____ No _____

a. Supplier Name: _____

b. Supplier Name: _____

c. Supplier Name: _____

32. Please identify any and all persons utilized by your organization who are designated and/or participate as bingo callers during your charitable gaming activities. Use additional sheet if necessary.

All individuals identified?

Yes _____ No _____

a. Caller's Full Name: _____

Caller's Physical Home Address: _____

b. Caller's Full Name: _____

Caller's Physical Home Address: _____

CHARITABLE GAMING ACTIVITIES

c. Caller's Full Name: _____

Caller's Physical Home Address: _____

33. Does the organization pay or anticipate paying any caller or bingo manager for participating in the organization's charitable gaming activities? Use additional pages if necessary.

If yes, please list each individual below.

Yes _____ No _____

Full Name of Individual: _____

Title: _____
Caller, Manager, or Both

Full Name of Individual: _____

Title: _____
Caller, Manager, or Both

Full Name of Individual: _____

Title: _____
Caller, Manager, or Both

34. Describe in detail how the funds derived from the organization's charitable gaming activities will be disbursed in accordance with those lawful religious, charitable, community, or educational purposes. Use additional pages if necessary.

FOR VOLUNTEER FIRE DEPARTMENTS OR RESCUE SQUADS, OR AUXILIARY UNITS THEREOF WHICH ARE EXEMPT FROM THE APPLICATION FEE UNDER § 15.2-955 OF THE CODE OF VIRGINIA, 1950, AS AMENDED.

35. Is the applicant organization currently recognized in accordance with Section 15.2-955 by an ordinance or resolution by a political subdivision where the organization is located as being part of the safety program of the political subdivision?

Yes _____ No _____

36. Date the organization was recognized in accordance with Section 15.2-955 by an ordinance or resolution by a political subdivision where the organization is located as being part of the safety program of the political subdivision.

Month/Date/Year

37. Name of political subdivision that has recognized the applicant organization as being part of its safety program.

County, City or Town

38. Provide a copy of the dated ordinance or resolution issued by the above referenced political subdivision that designates the applicant organization as being part of the safety program of the political subdivision.

Copy attached?

Yes _____ No _____

PERSONNEL INFORMATION

Section 18.2-340.25, Code of Virginia, 1950, as amended, provides that no charitable gaming license can be issued prior to a reasonable investigation conducted by the Department of Charitable Gaming.

Complete the following information for the (1) President, (2) Treasurer/Financial Officer, or their equivalent position, and (3) Each Game Manager.

Answer each section in its entirety. **FULL PROPER LEGAL NAMES** must be provided -- **applications with initials or incomplete responses will delay processing of the application**. If an individual has no middle name, then insert "NMN" (No Middle Name). The social security numbers and dates of birth of all individuals must be provided in order for this application to be considered complete.

I understand that I am required to submit a Gaming Personnel Information Update Form for any change in the Organization's President, Treasurer/Financial Officer, or their equivalent position, or Game Manager after submission of this Application, and immediately upon any change in any of the above designated officers. The Gaming Personnel Information Update Form is available under "Licensing Forms" on the Department's web site at www.dcg.virginia.gov.

Position Codes: ("X" the appropriate box for each applicable individual, or its equivalent position)

_____ President _____ Treasurer/Financial Officer _____ Game Manager(s)

Signature: _____ Date: _____

Full Name: _____
Complete First Name Complete Middle Name Complete Last Name Organization Title

Complete Term of Office Holder: _____ Begin Term Date: _____ End Term Date: _____
Month/Date/Year Month/Date/Year

Social Security Number: _____ Date of Birth: _____ Race: _____ Sex: _____

Physical Home Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Contact Number: _____ Fax Number: _____

Other Contact Number: _____

E-Mail Address: _____

NOTE: Organization's are required to submit a Personnel Information Update Form if there are any changes in the (1) President, (2) the Treasurer/Financial officer, or its equivalent position, and (3) for any Game Manager after issuance of a permit if the above referenced designated individuals listed in this application change or if officer elections occur. This should be submitted as soon as the change takes place.

Prior to issuance of a license and/or permit, the Department of Charitable Gaming reserves the right to request additional information from those named in the "Personnel Information" section of this Charitable Gaming Permit Application - New Applicants Only.

SIGNATURES

THE PRESIDENT/CHIEF OFFICER, OR DESIGNEE, OF THE APPLICANT ORGANIZATION MUST PRINT HIS/HER NAME, AFFIX HIS/HER SIGNATURE, AND PROVIDE THE DATE.

I hereby certify that all information provided in this application and attachments are true to the best of my knowledge, information and belief, that I have not knowingly made a false statement of material fact on this application, and that I have read and understand the terms and conditions as set out under the Code of Virginia and the Department of Charitable Gaming Rules and Regulations. I understand that untruthful or misleading answers are cause for denial of the Charitable Gaming Permit. I also agree that the organization listed on this application and its officers, directors, members, and employees, will abide by all rules and regulations of the Virginia Department of Charitable Gaming in the operation, management, and conduct of bingo game(s) and/or raffle(s) pursuant to the Code of Virginia, Chapter 8, Section 18.2-340.15, *et seq.*

Signature

Date

Full Name

Complete First Name Complete Middle Name Complete Last Name

Organization Title

FOR DCG USE ONLY

Gaming Locality City/County Code:

Organization Locality City/County Code:
